

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	B+	70385	
O.I.P.E. CLASSIFIER		102-22-00	
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	HB	70303	4-4

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	
Original	6-22-12-5
1	14-22-13-5
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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